

411
DARFIELD
URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
AND THE
PUBLIC HEALTH INSPECTOR
FOR THE YEAR ENDED :
31st DECEMBER 1970

Medical Officer of Health
C. G. ODDY, M.B., ChB., D.P.H.

Public Health Inspector
T. LIMBERT, M.A.P.H.I., M.R.S.A.S.



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THE HEALTH OF DARFIELD

being the

A N N U A L _ R E P O R T

of the

MEDICAL OFFICER OF HEALTH

and

PUBLIC HEALTH INSPECTOR

FOR THE YEAR

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DARFIELD URBAN DISTRICT COUNCIL

Divisional Health Office,
33 Queens Road,
BARNESLEY.

September, 1971

ANNUAL REPORT

for the Year ended 31st December, 1970

To the Chairman and Members of the
DARFIELD URBAN DISTRICT COUNCIL

Mr. Chairman and Gentlemen,

I have the honour to present to you my fifth Annual Report on the health and social conditions of your district for the year ended 31st December, 1970.

The estimated population of the district this year showed very little change but there was a significant rise in the adjusted birth rate to a level in excess of the comparable National figure.

The adjusted death rate was less than in the previous year, yet it remained in excess of the National rate. The main causes of death in your district were disorders of the heart and circulation, respiratory disease and cancer.

The other vital statistics were generally quite satisfactory and the peri-natal mortality fell to a level well below the average for the Administrative County.

The notification of infectious disease remained at about the same level as in the previous year and rather more cases of Measles were notified during 1970. Once again, no notifications were received in respect of dysentery and food poisoning.

I would like, once again, to express my sincere thanks to the Chairman and Members of the Council for their encouragement and support during another difficult year in which I have had to work alone without the help of a Deputy Medical Officer. I have enjoyed an excellent working relationship with your Public Health Inspector, Mr. T. Limbert, and received every assistance from your Clerk, Mr. F. Bailey, and the other Officials of the Council.

In conclusion, I would like to express my appreciation to the Divisional Administrative Officer, Mr. L. S. Wrigg, and the staff of the Divisional Health Office for their hard work and excellent support during the year.

I am,

Your obedient servant,

C. G. ODDY

Medical Officer of Health

DARFIELD URBAN DISTRICT COUNCIL

SECTION I

Statistics and Social Conditions of the Area

Area	...	...	...	...	...	...	...	2,018 acres
Population (Census 1961)	...	...	...	...	...	...	...	6,890
Registrar General's estimate of resident population mid 1970	...	...	...	...	...	...	...	7,260
No. of inhabited houses at 31st December, 1970	...	...	...	...	...	...	...	2,650
Rateable value as at 31st December, 1970	...	...	...	...	...	...	...	£114,165
Actual product of a Penny Rate 1970/71	...	...	...	...	...	...	...	£594

Coal mining is the principal occupation of the population. A toy factory employs a number of women in the district.

VITAL STATISTICS

Population

At mid 1970 the Registrar General's estimated population was 7,260, 10 more than in the previous year. The natural increase of population showing the excess of births over deaths was 89, compared with 59 in 1969.

Live Births

					<u>Males</u>	<u>Females</u>	<u>TOTAL</u>
Legitimate	...	...	...	...	83	70	153
Illegitimate	...	...	...	...	5	4	9
				TOTALS	88	74	162

The number of births registered during the year was 162, 12 more than in the previous year. There were 9 illegitimate births, representing 5.4% of total births registered, compared with 5.0% in 1969.

The Registrar General again supplied a comparability factor for the births in 1970, which relates the proportion of women of child-bearing age in the area with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted birth rate which is comparable with similar adjusted rates for other districts and with the rate for the country as a whole. The adjusted birth rate for your district was 20.5 per 1,000 estimated population, as compared with 17.8 per 1,000 estimated population for 1969 and compared with 16.0 for England and Wales.

BIRTH RATE

Year	Males	Females	TOTAL	Rates per 1,000 Population		
				DARFIELD		England and Wales
				Crude	Adjusted	
1966	60	67	127	18.3	16.9	17.7
1967	65	64	129	18.3	16.9	17.2
1968	82	79	161	22.5	20.7	16.9
1969	78	62	140	19.3	17.8	16.3
1970	88	74	162	22.3	20.5	16.0

STILLBIRTHS

There were 2 stillbirths in your area last year, compared with 3 in the previous year. The stillbirth rate was 12.2 per 1,000 total births, as compared with 21.0 for the previous year and with 13.0 for England and Wales.

Year	Stillbirths	Total Births Live and Still	Percentage of Still- births to Total Births
1966	3	130	2.31
1967	Nil	129	0.00
1968	4	165	2.42
1969	3	143	2.14
1970	2	164	1.21

The first part of the paper is devoted to the study of the properties of the function $f(x)$ defined by the equation $f(x) = \int_0^x f(t) dt$. It is shown that $f(x)$ is a constant function. The second part of the paper is devoted to the study of the properties of the function $f(x)$ defined by the equation $f(x) = \int_0^x f(t) dt$. It is shown that $f(x)$ is a constant function.

Deaths

The total number of deaths last year was 73, comprised of 48 males and 25 females. The adjusted death rate, which is the crude death rate multiplied by the comparability factor, was 12.2 per 1,000 estimated population as compared with 13.9 per 1,000 estimated population for the previous year and with 11.7 per estimated population for England and Wales. The principal causes of death in order of numerical importance were: heart and circulatory disease, respiratory disease and cancer.

Infant Mortality

There were 3 infant deaths in Darfield last year, one more than in the previous year. This gives an infant mortality rate of 18.5, compared with 14.3 for the previous year and with 18.2 for England and Wales.

TABLE OF INFANT MORTALITY

Cause of Death	Age	Birth Weight	Sex	Place of Death
Gastro-enteritis	3 mths.	7 lbs. 6 ozs.	F	Sheffield Children's Hospital
Gastro-enteritis Tumours of the Kidneys	8 mths.	6 lbs. 10 ozs.	M	Home
Prematurity Asphyxia	10 mins.	2 lbs. 4 ozs.	F	Home

INFANT MORTALITY RATE

1966	...	...	...	...	7.9
1967	...	...	...	...	7.8
1968	...	...	...	...	6.2
1969	...	...	...	...	14.3
1970	...	...	...	...	18.5

Peri-natal Mortality

The peri-natal mortality rate which includes the stillbirths and deaths of infants under one week of age per 1,000 births (live and still) was 18.3 for your district, compared with 24.4 for the administrative County.

Maternal Mortality

I am glad to report that no deaths attributable to maternal causes occurred last year. Numerically, therefore, the maternal mortality rate for your district is Nil.

The first part of the report deals with the general situation of the company. It is a very important part of the report and should be written in a clear and concise manner. The second part of the report deals with the financial results of the company. It is also a very important part of the report and should be written in a clear and concise manner. The third part of the report deals with the management of the company. It is also a very important part of the report and should be written in a clear and concise manner.

The fourth part of the report deals with the future prospects of the company. It is also a very important part of the report and should be written in a clear and concise manner. The fifth part of the report deals with the conclusion of the report. It is also a very important part of the report and should be written in a clear and concise manner.

Financial Results		Management	
Revenue	1000	Revenue	1000
Profit	200	Profit	200
Assets	500	Assets	500
Liabilities	300	Liabilities	300
Equity	200	Equity	200

The financial results of the company are very good. The revenue has increased by 10% and the profit has increased by 20%. The management of the company is very efficient and the company is in a very good position to continue its growth.

The future prospects of the company are very bright. The company is expected to continue its growth and to become a leading company in its industry. The conclusion of the report is that the company is in a very good position to continue its growth and to become a leading company in its industry.

CAUSES OF DEATHS IN AGE GROUPS

Cause of Death	Under 1 yr.	1-	5-	15-	25-	35-	45-	55-	65-	75+	TOTAL	
											Males	Females
itis and other rhoeal diseases	1										1	-
r infective and sitic diseases								1			1	-
nant neoplasm - ch										2	2	-
nant neoplasm - stine									1		1	-
nant neoplasm - bronchus										1	1	-
nant neoplasm - t						1	1			1	-	3
nant neoplasm - ate										2	2	-
malignant asms									1		1	-
tes mellitus				1							1	-
endocrine, etc. ses									1		-	1
diseases of s system										1	1	-
emic heart se	1					1	2	4	8	3	12	7
forms of heart se									1		-	1
rovascular se								1	2	2	3	2
diseases of catory system									1	4	3	2
enza							1		1		1	1
enia									1	6	4	3
ritis and sema								1	2	3	6	-
										1	-	1
inal obstruction rnia									1		1	-
diseases of ive system										1	1	-
utis and usis										2	2	-
es of musculo- al system									1		-	1

Continued ...

CAUSES OF DEATHS IN AGE GROUPS

Cause of Death	Under 1 yr.	1-	5-	15-	25-	35-	45-	55-	65-	75+	TOTAL	
											Males	Females
Infant mortality	1										-	1
Diseases and ill- defined conditions										1	-	1
Motor vehicle accidents				1	1		1	1			3	1
Other external causes								1			1	-
- ALL CAUSES	3	-	-	2	1	2	5	9	21	30	48	25



PRINCIPAL VITAL STATISTICS FOR THE YEAR 1970

	DARFIELD Urban District	West Riding Urban Districts	West Riding Admin. County	England and Wales (provisional figures)
Birth Rate per 1,000 estimated population:				
Crude 	22.3	17.2	17.3	16.0
Adjusted 	20.5	17.6	17.5	
Death Rate per 1,000 estimated population:				
Crude 	10.1	12.5	11.7	11.7
Adjusted 	12.2	13.0	12.7	
Tuberculosis:				
Respiratory 	-	0.02	0.02	0.02
Other 	-	0.01	0.01	0.01
All forms 	-	0.03	0.03	0.03
Cancer of Lung and Bronchus	0.14	0.52	0.50	0.62 not available 2.39
Cancer of Uterus 	-	0.11	0.09	
Cancer - all forms ...	1.38	2.29	2.14	
Cerebro-vascular disease	0.69	1.89	1.75	not available
Circulatory disease excluding cerebro-vascular disease	3.44	4.76	4.44	not available
Respiratory disease ...	2.20	1.82	1.69	not available
Maternal Mortality ...	-	1.36	0.29	0.18
Infant Mortality 	18.5	19.5	19.8	18.2
Stillbirths 	12.2	13.3	13.6	13.0
Peri-natal Mortality ...	18.3	24.1	24.4	23.5

SECTION II

GENERAL PROVISION OF THE HEALTH SERVICES IN THE AREA

The Medical Officer of Health is a part-time officer of the Council, but is engaged on whole-time Public Health work, being also Medical Officer of Health for the surrounding districts and the Divisional Medical Officer for Division No. 25 of the West Riding County Council. One Public Health Inspector is employed by the Council, he also undertakes the duties of the Surveyor.

General Hospitals

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below:

The United Group Hospitals, Sheffield
The Beckett Hospital, Barnsley
The Barnsley District General Hospital, Barnsley
Mount Vernon Hospital, Barnsley

Infectious Diseases Hospital

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as for the previous year with the hospital retaining its own ambulances for this service.

Maternity Hospitals

Maternity cases were usually admitted to the following hospitals:

The Barnsley District General Hospital, Barnsley
The Montagu Hospital, Mexborough
Chapelton Maternity Home, Chapelton
Pindar Oaks Maternity Home, Barnsley

Tuberculosis

Most patients suffering from the disease are admitted to the Wath Wood Hospital, and co-operation is maintained with the Chest Physician. Out-patients' sessions were held at the Chest Clinic, 46 Church Street, Barnsley.

Venereal Diseases

The nearest centre for Darfield patients for the diagnosis and treatment of these diseases is in Barnsley -

Address: Special Treatment Centre, Queens Road, Barnsley.

Other centres are situated at Sheffield, Doncaster and Rotherham, and patients suffering from Venereal Disease are at liberty to attend at the centre of their choice. Treatment is completely confidential.

Maternity and Child Welfare Services

Infant Welfare Clinics are held in the Maternity and Child Welfare Clinic, Church Street, Darfield, on Wednesday afternoons, 2.00 p.m. to 4.00 p.m.

Relaxation and post-natal classes were continued during the year.

Laboratory Service

The laboratory service was provided by the Public Health Laboratory in Wakefield. The laboratory is equipped to deal with all bacteriological and pathological examinations, and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at the expense of the County Council.

Ambulance Service

The ambulance service is operated by the West Riding County Council. The depot for your area is at Hoyland, telephone number Barnsley 742112.

SECTION III

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

83 cases of infectious diseases occurred during the year, compared with 79 cases in the previous year. Details are shown in the table below.

Notifiable Diseases (other than Tuberculosis) during 1970

						<u>Total cases notified</u>
Measles	...	...	...	...	...	75
Scarlet Fever	...	...	...	...	...	5
Meningitis	...	...	...	...	...	2
Whooping Cough	...	...	...	...	...	1
				TOTAL	...	83

Scarlet Fever

5 cases of Scarlet Fever were notified, compared with 32 cases in the previous year. The disease was in general mild in character and no case required hospitalisation.

Measles

75 cases of Measles were notified during the year. This compares with 42 cases occurring in the previous year.

Smallpox

No case of Smallpox occurred during the year.

Diphtheria, Whooping Cough and Tetanus

No case of Diphtheria was notified during the year. Since the introduction of the computer scheme for vaccination and immunisation it is no longer possible to give separate district figures as in previous Annual Reports. One case of Whooping Cough was notified.

Poliomyelitis

No notification in respect of this disease was received during the year. Vaccination against the disease continued during 1970. As in the case of Diphtheria and Whooping Cough immunisation, I must emphasise the importance of protection of the child in early infancy.

Infectious Jaundice

This is now a notifiable disease. During the year no notifications in respect of this disease were received as against 5 in 1969.

Tuberculosis

No cases of Pulmonary Tuberculosis were notified and no deaths from the disease occurred during the year. The table overleaf illustrates the notification of this serious disease since 1966. Considerable effort is made each year to offer protection with B.C.G. Vaccine to the children entering the Secondary Schools. I am pleased to report that the majority of parents allow their children to receive protection against Tuberculosis at the commencement of secondary school education.

TUBERCULOSIS - New Cases and Mortality for the past five years

Year	NEW CASES		DEATHS	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1966	-	-	-	-
1967	2	-	-	-
1968	3	-	-	1
1969	1	-	-	1
1970	-	-	-	-

TUBERCULOSIS - Record of cases during 1970

	<u>Pulmonary</u>		<u>Non-Pulmonary</u>	
	M	F	M	F
No. of cases on Register at 1st January, 1970 ...	21	12	1	2
No. of cases notified for the first time during the year	-	-	-	-
No. of cases restored to Register ...	-	-	-	-
No. of cases added to Register otherwise than by notification ...	-	-	-	-
No. removed to other districts	-	-	-	-
No. cured or otherwise removed from register ...	-	-	-	-
No. died from Tuberculosis	-	-	-	-
No. died from other causes	-	-	-	-
TOTALS AT END OF 1970	21	12	1	2

Date		Description		Amount	
1911	Jan 1	Balance		100.00	
		Jan 10	Jan 10	10.00	
		Jan 20	Jan 20	20.00	
		Jan 30	Jan 30	30.00	
		Feb 10	Feb 10	10.00	
		Feb 20	Feb 20	20.00	
		Feb 30	Feb 30	30.00	
		Mar 10	Mar 10	10.00	
		Mar 20	Mar 20	20.00	
		Mar 30	Mar 30	30.00	
		Apr 10	Apr 10	10.00	
		Apr 20	Apr 20	20.00	
		Apr 30	Apr 30	30.00	
		May 10	May 10	10.00	
		May 20	May 20	20.00	
		May 30	May 30	30.00	
		Jun 10	Jun 10	10.00	
		Jun 20	Jun 20	20.00	
		Jun 30	Jun 30	30.00	
		Jul 10	Jul 10	10.00	
		Jul 20	Jul 20	20.00	
		Jul 30	Jul 30	30.00	
		Aug 10	Aug 10	10.00	
		Aug 20	Aug 20	20.00	
		Aug 30	Aug 30	30.00	
		Sep 10	Sep 10	10.00	
		Sep 20	Sep 20	20.00	
		Sep 30	Sep 30	30.00	
		Oct 10	Oct 10	10.00	
		Oct 20	Oct 20	20.00	
		Oct 30	Oct 30	30.00	
		Nov 10	Nov 10	10.00	
		Nov 20	Nov 20	20.00	
		Nov 30	Nov 30	30.00	
		Dec 10	Dec 10	10.00	
		Dec 20	Dec 20	20.00	
		Dec 30	Dec 30	30.00	
		Total		1000.00	

1911

1912

Date		Description		Amount	
1912	Jan 1	Balance		100.00	
		Jan 10	Jan 10	10.00	
		Jan 20	Jan 20	20.00	
		Jan 30	Jan 30	30.00	
		Feb 10	Feb 10	10.00	
		Feb 20	Feb 20	20.00	
		Feb 30	Feb 30	30.00	
		Mar 10	Mar 10	10.00	
		Mar 20	Mar 20	20.00	
		Mar 30	Mar 30	30.00	
		Apr 10	Apr 10	10.00	
		Apr 20	Apr 20	20.00	
		Apr 30	Apr 30	30.00	
		May 10	May 10	10.00	
		May 20	May 20	20.00	
		May 30	May 30	30.00	
		Jun 10	Jun 10	10.00	
		Jun 20	Jun 20	20.00	
		Jun 30	Jun 30	30.00	
		Jul 10	Jul 10	10.00	
		Jul 20	Jul 20	20.00	
		Jul 30	Jul 30	30.00	
		Aug 10	Aug 10	10.00	
		Aug 20	Aug 20	20.00	
		Aug 30	Aug 30	30.00	
		Sep 10	Sep 10	10.00	
		Sep 20	Sep 20	20.00	
		Sep 30	Sep 30	30.00	
		Oct 10	Oct 10	10.00	
		Oct 20	Oct 20	20.00	
		Oct 30	Oct 30	30.00	
		Nov 10	Nov 10	10.00	
		Nov 20	Nov 20	20.00	
		Nov 30	Nov 30	30.00	
		Dec 10	Dec 10	10.00	
		Dec 20	Dec 20	20.00	
		Dec 30	Dec 30	30.00	
		Total		1000.00	

1913

1914

SECTION IV

A N N U A L - R E P O R T

OF THE

PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1970

December 1970

To: The Chairman and Members of the
DARFIELD URBAN DISTRICT COUNCIL

Mr. Chairman and Gentlemen,

I have pleasure in presenting my Annual Report of the work of the Department for the year ended 31st December, 1970 and in doing so I would like to take this opportunity of expressing my thanks to the Medical Officer of Health for his help and co-operation and also to the Members of the Council's staff for their help during the past twelve months.

I remain,

Your obedient servant,

T. LIMBERT

Surveyor and Public Health Inspector

SUMMARY OF VISITS AND INSPECTIONS

Complaints	292	Insect Pests	3
Defects	152	Noise	4
Housing	116	Clean Air	4
Lodgers	2	Keeping Animals	4
Rodent Control	10	Water Supply	13
Building Regulations	169	Offices, Shops & Railway Premises Act	10
Planning	55	Sewage Disposal	5
Improvement Grants	50	Hairdressers	9
Slum Clearance	29	Petroleum Act	9
Food and Drugs Act	12	Infectious Diseases	6
Food Inspection	3	Factories Act	3
Food Hygiene Regulations	3	Qualification Certificates	16
Food Premises	36	Rent Act	1
Drains	61	Caravans	6
Sewers	11	Shops Act	5
Hawkers of Food	5	Civil Amenities	8
Public Cleansing	70		

HOUSING

No new Council houses were built during 1970 but the construction of new houses by private enterprise has continued steadily on the Upperwood Hall Estate by Northern Ideal Homes Ltd.

Number completed during 1970 ... 38 houses; compared with 82 houses during 1969.

MODERNISATION OF PROPERTY BY IMPROVEMENT GRANTS

Applications received during 1970:-

	<u>Discretionary</u>	<u>Standard</u>
No. received	12	28
No. approved	11	28
No. of properties	12	28
No. of owner/occupiers	5	17
No. of others	7	11
Total amounts of grants paid during the year	<u>£2,506. 0s. 0d.</u>	<u>£2,467. 7s. 6d.</u>

HOUSING (FINANCIAL PROVISIONS) ACT, 1958

The Council has continued to make loans for house purchase and for the improvement of homes under the above-mentioned Act.

Total amount advanced during the year	...	...	£13,050
Number of properties (House Purchase)	...	...	17
Total amount advanced for Improvement Grants during the year		...	£775
Number of properties	...	...	4

SUMMARY OF WORK UNDER THE HOUSING AND PUBLIC HEALTH ACTS

Inspections under the above-mentioned Acts have been made during the year and both informal and statutory notices have been served, where necessary.

5,547 complaints were received with regard to housing repairs to Council houses, 475 for properties other than Council houses.

SLUM CLEARANCE

13 houses in New Street were represented as unfit but time did not allow for the Demolition Orders to be made before the end of the year.

CARAVANS

There were one or two instances when itinerant caravan dwellers occupied sites in the village and had to be dealt with.

TOWN AND COUNTRY PLANNING

The Council continued to operate delegated powers under the Town and Country Planning Acts during the year.

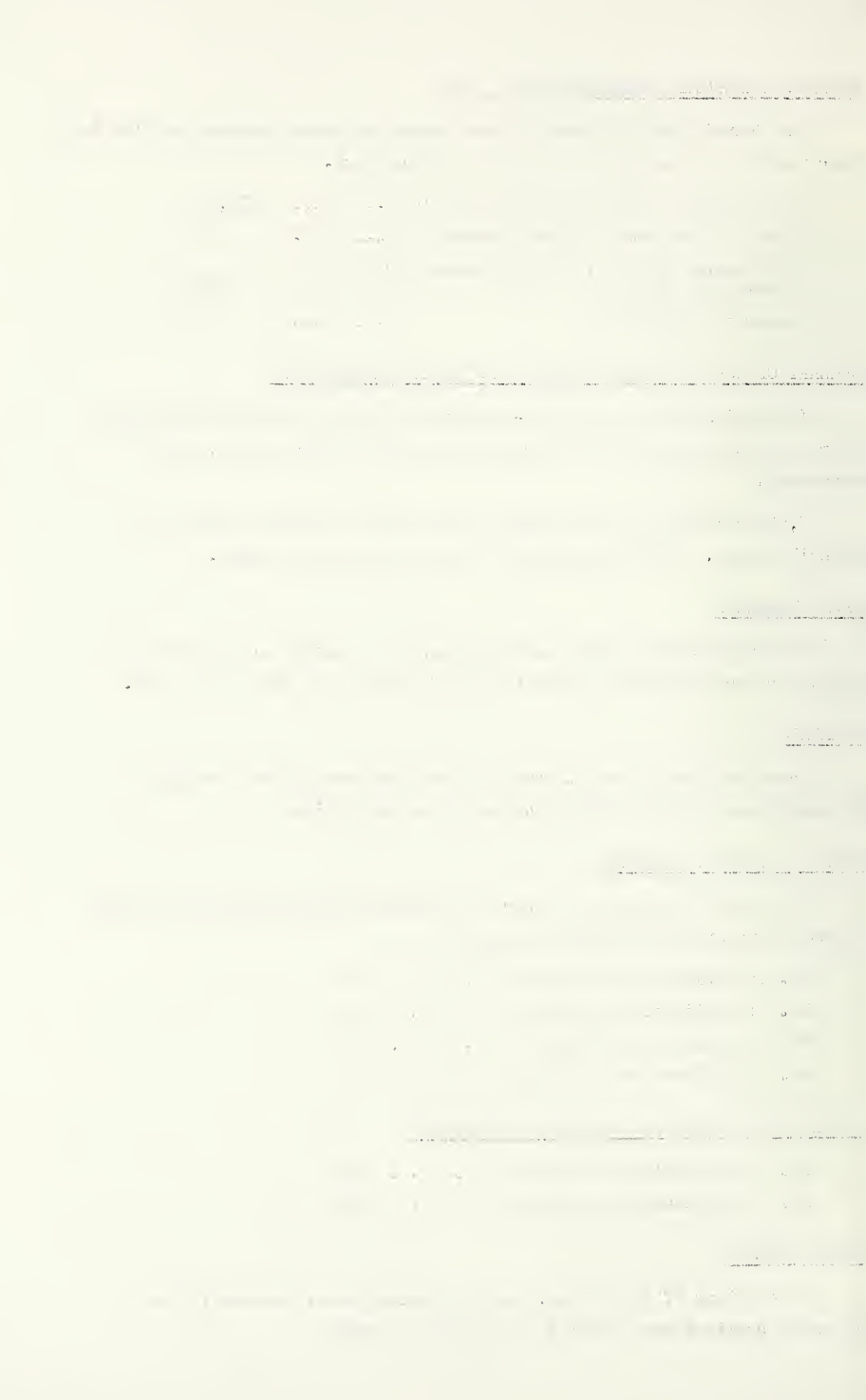
No. of applications received	...	...	16
No. of applications approved	...	...	12
No. of applications refused	...	...	2
No. of applications withdrawn	...	...	-

APPLICATIONS UNDER THE BUILDING REGULATIONS

No. of applications received	...	...	136
No. of applications approved	...	...	136

FOOD PREMISES

Inspections of food shops, food preparing rooms, foodstuffs and licensed premises were carried out during the year.



FOOD POISONING

No cases of food poisoning were reported during the twelve months ended 31st December, 1970.

INFECTIOUS DISEASES

6 visits were made in connection with notified cases during the year.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Inspections under the above Act were carried out and generally the premises were found to comply with the standards laid down.

No. of premises registered during 1970 2

Total number of premises registered at the end of
the year 33

SEWERAGE AND SEWAGE DISPOSAL

The sewage disposal works have been very well maintained. Regular samples of the effluent were taken by the River Board Inspectors and generally the reports were very satisfactory.

The following is a record of the rainfall recorded by the Sewage Works Manager during the year and it will be noted that less rain fell in 1970 than in the previous year:-

<u>Month</u>	<u>Rainfall in inches</u>	
	<u>1970</u>	<u>1969</u>
January	2.89	2.21
February	2.02	3.32
March	1.57	3.76
April	3.11	2.72
May	0.30	3.94
June	1.03	2.99
July	1.55	2.23
August	2.85	2.28
September	1.05	1.08
October	1.08	0.63
November	4.30	4.91
December	1.14	2.77
Total for the year	<u>22.89</u>	<u>32.84</u>

PUBLIC CLEANSING

The collection of household refuse was disrupted during the year by the declaration of a strike. Darfield was one of the areas selected to take part. No collections took place from Monday, 19th October, 1970 until Monday, 9th November, 1970. Previously, a weekly collection of household refuse was maintained and the collection of salvage from business premises continued.

RODENT CONTROL

61 complaints of infestation by rodents were received and were investigated by the Council's Rodent Operative, treatment being given where necessary. The refuse tip and sewage works were regularly surveyed and treated. The usual sewer treatment was carried out during the year and the results were very satisfactory.

SECTION V

DIVISIONAL STAFF (as at 31st December, 1970)

Divisional Medical Officer C. G. Oddy, M.B., Ch.B., D.P.H.

Senior Departmental Medical Officer
(Clinical) Half-time C. H. Merry, M.R.C.S., L.R.C.P.

Departmental Medical Officer
Half-time C. B. Ball, L.M.S.S.A

<u>Clinic Medical Officers</u>	Dr. L. Burke	Dr. S. S. Mahatme
	Dr. J. D. Byrne	Dr. K. Mathers
	Dr. G. C. Curtis	Dr. M. S. Scott
	Dr. D. J. Fairclough	Dr. M. E. Tapissier
	Dr. H. W. Gothard	Dr. L. Taylor
	Dr. G. L. Herbert	

Divisional Nursing Officer Miss M. E. Pilling

<u>Health Visitors</u>	Miss A. Baxendale	Mrs. B. McDonald
	Mrs. D. Dyson	Mrs. D. M. Parry
	Mrs. I. Grazier	Mrs. K. Rowe
	Mrs. A. M. Harston	Mrs. A. T. Saunders
	Miss B. Hey	Miss D. Westerman
	Miss M. E. Lee	Mrs. A. M. Widdison

<u>Clinic Nurses</u>	Mrs. E. Allen	Mrs. D. Hodgson
	Mrs. E. C. Evans	Mrs. J. Masters
	Mrs. J. C. Greensmith	Mrs. F. M. West

<u>Midwives</u>	Mrs. B. Burns	Mrs. I. L. Jones
	Mrs. R. Dennison	Miss M. T. Rochford
	Mrs. B. Fitzpatrick	Miss A. C. Senior
	Miss J. Hampton	Mrs. M. Walters
	Mrs. E. Harper	Mrs. A. Williams
	Mrs. B. Horsfield	

<u>Home Nurses</u>	Mrs. M. Bexon	Mrs. R. Hamshaw
	Mrs. M. Buckley	Mrs. M. Jarvis
	Mrs. J. M. Burton	Mrs. M. McConnell
	Miss B. Chapman	Mrs. S. D. Newton
	Miss N. C. Crofton	Mrs. D. Palmer
	Mrs. E. Cross	Mrs. B. Parker
	Mrs. S. P. Gregory	Mrs. J. B. Seales
	Mrs. P. E. Hall	

Home Help Organiser Mrs. I. Evans

Mental Welfare Officers Mr. J. Armitage Mr. T. Johnson

Speech Therapist Part-time Mrs. J. M. Pearson

Divisional Administrative Officer Mr. L. S. Wrigg

DIVISIONAL REPORT

Vital Statistics

A table of comparable vital statistics is shown for each of the County districts in the Division. This may be of interest to each authority in assessing how each stands in relation to each other and in relation to the County and National statistics.

Population

The Registrar General's estimate of the population in the Division at mid 1970 was 79,610, compared with 79,890 in the previous year. The natural increase in population showing the number of births over deaths was 435 in 1970, compared with 379 in the previous year.

Births

The number of live births registered in the Division in 1970 was 1,337, compared with 1,305 in 1969. This is equivalent to a crude birth rate of 16.8 per 1,000, compared with 16.3 per 1,000 in the previous year. The number of illegitimate births was 95 in 1970. This represents 7.0% of the total births, compared with 6.5% in 1969 and 5.8% in 1968.

Stillbirths

There were 17 stillbirths during the year, compared with 22 during 1969. This gives a stillbirth rate of 12.6, compared with 16.6 in 1969 and with 13.0 for England and Wales.

Deaths

The deaths assigned to the Division after the addition and subtraction of inward and outward transfers was 902, which was 24 less than in the previous year. This gives a crude death rate for the Division of 11.3, as compared with 11.6 in 1969.

Maternal Mortality

I am happy to report that there was no death from this cause during the year. The maternal mortality rate for the Division was Nil, compared with 0.29 for the administrative County and with 0.18 for England and Wales.

District	Acres	Registrar General's estimate of Population mid 1970	Adjusted Birth Rate per 1,000 pop.	Adjusted Death Rate per 1,000 pop.	Still- Birth Rate	Infant Death Rate	Peri-natal Mortality Rate
CUDWORTH ...	1,746	9,090	14.2	15.9	21.1	14.4	28.2
DARFIELD ...	2,018	7,260	20.5	12.2	12.2	18.5	18.3
DARTON ...	4,718	15,340	14.8	13.1	17.1	8.7	21.4
DODWORTH ...	1,857	4,410	18.9	13.0	11.4	11.5	11.4
ROYSTON ...	1,452	8,510	14.9	13.4	7.1	7.2	14.3
WOMEWELL ...	3,850	18,870	16.0	15.1	6.7	10.1	10.1
WORSBROUGH ...	3,420	16,130	16.4	15.0	13.9	21.1	20.8
DIVISION No. 25	19,061	79,610	16.8 (crude)	11.3 (crude)	12.6 (crude)	13.5	17.7
ADMINISTRATIVE COUNTY ...		1,794,020	17.5	12.7	13.6	19.8	24.4
ENGLAND AND WALES		Not available	16.0	11.7	13.0	18.2	23.5

TABLE SHOWING CAUSES OF INFANT DEATHS IN THE DIVISION

	Under 1 wk.	1-2 wks.	2-3 wks.	3-4 wks.	Under 4 wks.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	TOTAL
Congenital defects	4	-	-	-	4	-	1	-	-	5
Extreme prematurity	4	-	-	-	4	-	-	-	-	4
Gastro-enteritis	-	-	-	-	-	1	-	-	-	1
Liver failure	-	-	-	-	-	1	-	-	-	1
Gastro-enteritis and broncho-pneumonia	-	-	-	-	-	2	-	-	-	2
Cancer (including leukaemia)	-	-	-	-	-	-	1	1	-	2
Burns	-	-	-	-	-	-	-	-	1	1
Broncho-pneumonia	-	-	-	-	-	-	-	1	-	1
Meningitis	-	-	-	1	1	-	-	-	-	1
TOTALS	8	-	-	1	9	4	2	2	1	18

Infant Deaths and Peri-natal Mortality Rates

There were 18 infant deaths in the division in the year, of which 8 occurred in the neo-natal period. This compares with 20 and 13 respectively in the previous year. These figures represent an infant mortality rate for the division of 13.5, compared with 15.3 for the previous year and with 18.2 for England and Wales.

I would like to draw attention to the fact that of the 8 infant deaths occurring within the first week of life, 4 of them were so premature as to be below the age of viability. This means that had they not breathed they would not have been regarded as stillbirths, but rather as miscarriages, and as such would never have entered the official statistics at all. This demonstrates the importance of this factor as a contributory cause of death in early infancy. Of the 18 babies who died under one year of age, 13 were born in hospital and 5 at home. It is also of interest to note that numerically the commonest causes of death in the first week of life were extreme prematurity and congenital defects, which at the present moment we are unable to prevent to any great extent. These deaths accounted for almost one half of the recorded ^{infant} deaths in the division. The illegitimate infant deaths per 1,000 illegitimate live births = 21.0 for the division.

Diphtheria, Tetanus, Whooping Cough and Poliomyelitis Immunisation

Pre-school children On the 1st January, 1968, the West Riding County Council introduced a computer scheme of immunisation into the Division following successful pilot schemes in the High Green and Keighley Divisions. The effect of the scheme has been to centralise records of immunisation procedures from the whole County area and, therefore, records of immunisation performed in the Division are now recorded on magnetic tape in Wakefield. Local records are no longer available and it is now impossible to present local district statistics as was usual in the past. The scheme on the whole has progressed quite smoothly and immunisation against these diseases has been maintained at a satisfactory high level. Evidence from other areas shows that the introduction of a computer scheme of this nature will increase the overall immunisation rate for a district by approximately ten per cent. This is probably due to the fact that appointments for immunisation are made automatically at the appropriate time to every child in the area where consent for immunisation has been given by the parent of the child. Parents are also allowed the choice of local clinic or family doctor.

Smallpox Vaccination

Some 756 persons under 16 years of age were vaccinated against Smallpox during the year, including 28 re-vaccinations, which represents an increase of 17, compared with 1969. Every effort is made to encourage parents to have their children vaccinated against smallpox during the second year of life. This is the optimum time to perform primary vaccination and reactions tend to be minimal. As in the case of immunisation against diphtheria, tetanus, whooping cough and poliomyelitis, this procedure in infancy is now computerised.

Measles Immunisation

The scheme for routine immunisation of susceptible children against measles at the age of sixteen months, using a Schwartz type of strain of vaccine of proven efficacy and safety, was computerised in the early part of the year. The procedure was well accepted and the table below shows that 1,129 children received measles vaccine during 1970, compared with 404 during 1969.

Measles Immunisation 1970

	Year of Birth					Others under 16 years	TOTAL
	1970	1969	1968	1967	1963-66		
Number Immunised	-	391	473	123	138	4	1,129

Tetanus Immunisation

Schoolchildren - Immunisation against Tetanus continued during 1970.

Rather more children were immunised with primary doses but considerably fewer booster doses of tetanus vaccine were given in 1970 than in the previous year. Every effort is made to encourage the administration of active tetanus immunisation in children, in order to avoid the use of anti-tetanus serum in case of injury.

Tetanus Immunisation

	Primary	Booster
No. immunised during 1970 ...	1,031	1,034
No. immunised during 1969 ...	825	2,172

Poliomyelitis

During the year 1,035 children were vaccinated with three doses of oral vaccine, 95 more than were vaccinated during 1969, and 724 booster doses were given. I am pleased to report that no cases of this disease were notified during the year.

Poliomyelitis Immunisation

	Year of Birth					Others under 16 years	TOTAL
	1970	1969	1968	1967	1963-66		
Primary Course of Oral (3 Doses)	29	771	232	-	3	-	1,035
Booster (4th Dose)	All age groups eligible						724

SCHOOL HEALTH SERVICE

The number of children examined at routine medical inspection fell during the year to a total of 1,662. The method of "selective" medical inspection continued in the case of children attending junior and senior schools in the Division. This scheme is intended to replace the old system of routine inspection whereby every child was submitted for medical inspection by the school doctor. Essentially, the children are selected for examination by questionnaire and teacher referral. At present the scheme is working well and helps to save doctor's time and allows a more detailed study of the children who are selected for examination.

During the year it proved impossible, once again, to recruit a full-time Deputy Medical Officer of Health or Departmental Medical Officer. This has had the effect of placing the full responsibility for medical administrative duties and all Medical Officer of Health duties for the constituent District Councils in the Division on the shoulders of the Divisional Medical Officer. This was not really a satisfactory state of affairs from the long term point of view as it was necessary in these circumstances to "streamline" duties in order to ensure that important and essential matters receive a reasonable amount of attention. It has at times proved to be impossible to attend to all matters of a routine or non-essential nature. I cannot praise too highly the assistance and co-operation I have received from the administrative staff of the Divisional Health Office and the Public Health Inspectors and other Officials of the District Councils during what has proved to be a trying and difficult year. I regret to say that the outlook as regards medical staffing of the department seems even more gloomy than in the past.

SUMMARY OF DEFECTS FOUND TO REQUIRE TREATMENT

Defect	Periodic Inspections	Special Inspections
Eye 	43	6
Ear, Nose and Throat 	64	8
Heart 	3	-
Lungs 	-	-
Orthopaedic 	6	1
Other 	28	21

SCHOOL DOCTORS' AND SPECIALIST CLINIC ATTENDANCES

District	Ophthalmic	Ear, Nose and Throat	Orthopaedic	Child Guidance
Cudworth	105	-	61	13
Darfield	61	-	6	3
Darton	127	-	99	50
Dodworth	49	-	4	2
Royston	119	-	10	53
Wombwell	190	-	6	6
Worsbrough	153	-	59	27
Other areas	10	-	33	35
TOTALS	814	Nil	278	189

B.C.G. Vaccination

Routine Mantoux testing and B.C.G. Vaccination continued during 1970. A total of 701 children entering Senior Schools in the division were vaccinated against Tuberculosis. A table showing the results of the vaccination scheme is shown below.

B.C.G. Vaccination 1970

	Number Skin Tested	Number Positive	% Positive	Number found to be negative	Number vaccinated
Senior Schools in Division	911	37	4.1	742	701
Tuberculosis Contact Scheme	42	-	-	42	135

Rubella Immunisation

Towards the end of the year a scheme of Rubella Immunisation was introduced into the Senior Schools in the Division. Protection against rubella in susceptible girls in their fourteenth year of life was initiated and parents were allowed the choice of having the procedure carried out at either school or the family doctor's surgery. The majority of parents took advantage of the scheme which is aimed to prevent the development of congenital defects as a result of rubella infection during subsequent early pregnancy.

Speech Therapy

After a long period during which it proved impossible to recruit a speech therapist, we were fortunate to engage Mrs. J. M. Pearson as part-time speech therapist in May, 1970. It was only possible to deal with severe cases of speech handicap in view of the fact that Mrs. Pearson was only able to work for two sessions per week.

MIDWIFERY AND MATERNITY SERVICES

Towards the end of the year, Phase I of the Barnsley District General Hospital was opened to patients. Phase I of the development included beds for maternity and psychiatric cases and the maternity unit included a "general practitioner unit" for the use of general practitioners and domiciliary midwives. It is anticipated that this unit will be opened during the early part of 1971. This development could have a significant effect on the proportion of maternity cases delivered in maternity institutions in future years.

The number of cases attended by domiciliary midwives rose to 368, compared with 337 in the previous year. There were 982 institutional confinements, compared with 990 in 1969. The proportion of patients delivered in hospitals and maternity homes fell from 74.4% to 72.5% in 1970.

The proportion of domiciliary patients receiving some form of analgesia was 77.4%

	<u>No. of cases</u>
Pethidine 	84
Trilene alone 	89
Trilene and Pethidine ...	112
TOTAL	285

Ante-Natal Clinics

There was an increase in the number of women attending West Riding Ante-Natal Clinics but the number of attendances fell. The trend towards general practitioners running their own ante-natal clinics, either in their own premises or at West Riding Clinics, continued and this accounts for the decline in attendances at the official West Riding Clinics, because such attendances are not reflected in our statistics. Attendances at relaxation and mothercraft classes fell by 23%. Staffing difficulties in the early part of the year may in part have accounted for this reduction due to the fact that available staff had to devote most of their time to ante-natal clinics, confinements and post-natal care of the patients under their care.

ATTENDANCES AT ANTE-NATAL CLINICS AND RELAXATION CLASSES

CLINIC	NUMBER OF WOMEN ATTENDING ANTE-NATAL CLINICS		TOTAL NUMBER OF ATTENDANCES AT ANTE-NATAL CLINICS		ATTENDANCES AT RELAXATION AND MOTHERCRAFT CLASSES	
	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	By Hospital Booked Patients	By Domiciliary Booked Patients
CUDWORTH ...	116	39	728	40	-	-
DARFELD ...	-	-	-	-	123	45
DARTON ...	-	-	-	-	180	37
ROYSTON ...	89	48	649	50	102	128
WOMBWELL ...	-	-	-	-	237	70
WOSBROUGH ...	-	-	-	-	232	22
TOTALS	205	87	1,377	90	874	302

Infant Welfare Clinics

Attendances at Infant Welfare Clinics in the Division showed a slight decrease. During 1970, 36,317 attendances were made showing a decrease of approximately 1.4% over the previous year. The attendances, however, clearly indicate that good use is being made of the clinic facilities available in the area. The tendency continued during the year for general practitioners to conduct their own Child Welfare Clinics in either County clinics or their own premises. Attached nursing staff were made available to help with this work. At Worsbrough the general practitioners continued to conduct their own Child Welfare sessions at the County clinic, the official County clinic being held on one half-day only. An attempt was made to concentrate on more specialised work at this clinic in the form of routine developmental assessments of pre-school children. This change in child welfare clinic organisation could explain the apparent fall in attendances mentioned earlier at the official County sessions.

TABLE SHOWING INFANT WELFARE CLINIC ATTENDANCES DURING 1970

District	Total number of children attending	Number of Attendances
Cudworth	593	3,548
Darfield	303	3,300
Darton	471	4,230
Staincross	318	2,399
Gawber	36	942
Dodworth	338	3,143
Royston	566	5,735
Wombwell	618	7,338
Jump	135	1,598
Worsbrough	92	425
Birdwell	214	2,056
Blacker Hill	217	1,603
TOTALS	3,901	36,317

Screening Techniques

In April the Guthrie test for phenylketonuria replaced the phenistix test on urine for detection of this rare metabolic disease. The Guthrie test has been shown to be more reliable than the previously used urine test but requires a small sample of blood from the infant's heel. The domiciliary midwives received instruction from the Divisional Medical Officer on how to perform the test and take the necessary blood samples. During the year no case of phenylketonuria was detected by this method.

Ortolani tests were carried out on all babies born in the Division to discover cases of congenital dislocation of the hip. If such cases are discovered early the treatment is of much shorter duration and the results enormously improved. As a result of this screening technique no less than 22 cases were referred to the Orthopaedic Surgeon and confirmed as dislocation; thereby qualifying for early treatment of the condition.

Routine Hearing Tests in Infants

A computer scheme which was introduced into the Division in March, 1968, continued during 1970. The scheme enabled the Health Visiting staff to perform simple routine hearing tests on all young babies between the ages of six and nine months. The purpose of the scheme is to detect serious loss of hearing as soon as possible, preferably before speech has been acquired. Appointments are made automatically by the computer and the information provided by the tests is recorded centrally. Follow-up appointments when indicated are also arranged.

Women's Screening Clinic

The screening clinic which commenced early in 1968, continued during the year, and 963 women attended, compared with 965 women in 1969. Sessions were held twice weekly on Tuesday and Wednesday mornings by appointment. The results of the screening clinic for 1970 are shown on the following table.

Women's Screening Clinic 1970

Total attendances	...	...	...	...	...	...	...	1,138
Patients seen	...	...	...	...	...	...	...	963
Re-calls	...	...	...	...	...	...	...	175

Abnormalities detected

a. malignant disease:

cancer of the uterine cervix	...	...	...	...	...	...	...	5
breast abnormalities (suspected malignant)	...	...	...	...	...	...	...	4

b. disease of the uterine cervix:

erosion	...	...	...	...	...	...	...	34
polyp.	...	...	...	...	...	...	...	16
friability of cervix	...	...	...	...	...	...	...	1
cervical discharge	...	...	...	...	...	...	...	1

c. diseases of the uterus:

bulky uterus	...	...	...	...	...	...	...	9
fibroids	...	...	...	...	...	...	...	4
prolapse	...	...	...	...	...	...	...	6
metrorrhagia	...	...	...	...	...	...	...	6
retroverted	...	...	...	...	...	...	...	6

d. genital infections:

trichomonas	...	...	...	...	...	...	...	5
monilia	...	...	...	...	...	...	...	3
pruritis vulvae	...	...	...	...	...	...	...	9

e. other diseases and abnormalities:

hypertension BP	> $\frac{150}{90}$	...	...	...	...	...	...	66
obesity	...	...	...	...	...	...	...	19
anaemia	...	...	...	...	...	...	...	5
depression	...	...	...	...	...	...	...	2
rectal bleeding	...	...	...	...	...	...	...	1
gall-bladder disease	...	...	...	...	...	...	...	1
myxoedema	...	...	...	...	...	...	...	2
varicose veins (severe)	...	...	...	...	...	...	...	1
thyroid cyst	...	...	...	...	...	...	...	1
urinary tract infection	...	...	...	...	...	...	...	2

The clinic proved to be very popular with the women and the results show the undoubted value of screening procedures in women. No less than 5 cases of early cancer of the uterus were detected during the year and the patients were referred to the Consultant Gynaecologist for treatment, with the co-operation of the general practitioner. This technique is proving to be an important preventive measure in the reduction of cancer mortality from malignant disease of the uterus.

Health Visiting

The table below shows the number of first visits made by the Health Visitors in 1970. Other visits made are no longer recorded and the information is, therefore, no longer available for statistical purposes.

HEALTH VISITING CARRIED OUT IN 1970

	First Visits
Visits to children born in 1970	1,292
Visits to children born in 1969	1,212
Visits to children born in 1965-1968	2,235
TOTAL visits to children under 5 years	4,739
Geriatric visits other than for domestic help	284
Other visits including Tuberculosis	2,163
TOTAL VISITS	7,186

Health Visiting and Home Nursing Attachment Scheme

The scheme of attachment of Health Visitors and Home Nurses to general practitioners was continued during the year. In principle the scheme allows the attached nurse to work with a general practitioner as a "team" in a practice rather than a geographical area as in the past. The scheme has been well accepted by the general practitioners and the attached staff. On the health visiting side, difficulty in recruitment of qualified Health Visitors has caused some administrative problems in running the scheme, but it is evident already that liaison and co-operation with the general practitioners has improved in all areas.

Home Nursing Service

There was a decrease in the number of visits carried out by the Home Nursing Service during the year. 50,211 visits were made, compared with 51,670 in the previous year, but the number of cases attended by the home nurses showed a rise of 7%. These were in the main geriatric cases. Attachment of nursing staff to general practitioners means that it is no longer possible to breakdown work into areas. Analysis of work is still possible in clinical varieties and is shown below.

Home Nursing carried out during 1970

<u>CASES</u> - Total number	...	...	...	...	...	...	1,745
No. of cases who were over 65 years of age							974
<u>VISITS MADE</u> - Medical	...	...	...	...	...	...	40,603
Surgical	...	...	...	...	...	...	8,248
Infectious Disease	...	...	...	...	...	...	149
Tuberculosis	...	...	...	...	...	...	136
Maternal Complications	...	...	...	...	...	...	344
Other cases	...	...	...	...	...	...	731
TOTAL	...	...	...	...	...	...	50,211

Geriatric Services

Excellent liaison was maintained with the Consultant Geriatrician in the form of weekly meetings at the Mount Vernon Hospital attended by the Divisional Medical Officer, Divisional Nursing Officer and a member of the Staff of the West Riding Welfare Department, together with the Consultant Geriatrician, Dr. P. K. Ramaswami, and the hospital social worker. Discussions took place both with regard to the admission and discharge of geriatric patients with mutual benefit.

Day and Night Nursing Service

This service was taken over by the County Council from the Marie Curie Trust. No cases required help during 1970.

Chiropody

The number of patients treated last year showed an increase of 4.5%. I feel that it is important that we should encourage patients to make every effort to visit the chiropodist at his clinic or surgery rather than rely on domiciliary treatment, not only is domiciliary treatment much more expensive to provide but it is felt that old people would generally benefit by the social contacts made whilst attending the clinic. There was a decrease of almost 10% in the number receiving domiciliary treatment.

Domiciliary Chiropody

District	No. of patients	
	1969	1970
Cudworth	52	50
Darfield	77	63
Darton	231	169
Dodworth	51	51
Royston	106	105
Wombwell	143	134
Worsbrough	253	251
TOTALS	913	823

Loan of Equipment

This service was continued and issues made as indicated below:

	No. of issues		No. of issues
Bedding - blankets	18	Mattresses	42
pillows	16	Rubber Sheets	307
pillow-cases	14	Walking Aids inc. crutches	117
sheets	48	Wheel Chairs - Adult ...	43
Bed cradles	57	Junior	-
Bed Pans	259	Adult Cot	1
Bed Rests	94	Fracture Boards	8
Bedsteads with Poles	23	Electric Suction Pump	1
Bedsteads other	11	Hydraulic Hoists ...	2
Commodos	64	Sleepskin or Similar ...	14
Cushions Dunlopillo	7		

There was once again a trend during the year to receive requests for more sophisticated types of equipment than was the case in the past.

AREA	No. of sessions held	NO. OF PATIENTS TREATED IN CLINIC OR SURGERY			NO. OF TREATMENTS CARRIED OUT IN CLINIC OR SURGERY			NO. OF PATIENTS TREATED AT HOME		NO. OF TREATMENTS CARRIED OUT AT HOME	
		Pen-sioners	Physically Handicapped	E.M.	Pen-sioners	Physically Handicapped	E.M.	Pen-sioners	Physically Handicapped	Pen-sioners	Physically Handicapped
Cudworth	59	142	1	-	468	3	-	48	2	163	7
Darfield	74	221	8	-	558	10	-	57	6	152	12
Darton	139	215	2	1	1,083	2	1	169	-	820	-
Dodworth	97	202	3	-	775	9	-	51	-	254	-
Royston	124	224	3	1	992	3	3	102	3	713	15
Wombwell	194	462	17	3	1,483	58	3	134	-	569	-
Worsbrough	262	396	10	5	2,032	21	5	245	6	1,097	27
DIVISIONAL TOTALS	949	1,862	44	10	7,391	106	12	806	17	3,768	61

Home Help Service

The Home Help Service was again provided mainly for the elderly. In September, Mrs. I. Evans was appointed as Divisional Home Help Organiser. The number of households assisted during the year increased to 1,148, while the number of hours expended increased very slightly (0.04%). An increased demand for the service is inevitable in view of the fact that the proportion of elderly infirm in the general population increases slightly year by year. Increasing family mobility can result in the elderly having no relatives who live nearby to help them and indeed, in some cases, relatives who do live in close proximity are unwilling to help their elderly parents. These latter cases are always the more distressing and produce an increasing demand on the service. Working in heavy industries and in particular mining, seems to produce early invalidation and infirmity in the retired male age group, this in turn can produce a demand for the service. Recently there has been a welcome tendency to rehabilitation and early discharge in the case of geriatric patients. Cases of this nature on discharge often require substantial assistance in the form of domestic help

Category	Number of Cases			Hours employed
	From previous year	New Cases	TOTAL	
Over 65 years	828	231	1,059	145,465
Under 65 years:				
Chronic Sick	62	13	75	12,863
Mentally Disordered	1	-	1	230
Maternity	-	3	3	59
Others	7	3	10	1,738
TOTALS ...	898	250	1,148	160,355

Health Education

The year has seen a more informal approach to health education, both in the clinics and in the schools. This has resulted in a greater participation by the classes, especially the older school children, and has been greatly appreciated by them. Discussion between health visiting staff and school teachers has resulted in new programmes being drawn up, the full fruits of which should be seen next year. The midwifery service continues to show an increase in the number of women attending the relaxation classes. Many of the women expressed to their midwives how helpful the classes had been during delivery and afterwards. Another evening class has commenced, taken by a midwife who teaches first aid and accident prevention to a group of adolescents. I would like to take this opportunity to express my gratitude to all members of staff participating in the health education programme.

Nurseries and Child Minders' Regulation Act, 1948

Amended by the Health Services and Public Health Act, 1968, Section 60

The above legislation was introduced early in 1969. It was necessary to register all child minders in the area and registration was also required for sessional-day care and full-day care.

Details of registration were as follow:

(a) Number of child minders registered during 1970	3
(b) Number of sessional-day care premises registered during 1970	2
(c) Number of full-day care premises registered during 1970	1
Number refused registration under (a), (b) and (c) ...	Nil

MENTAL HEALTH SERVICE

A. Mental Sub-Normality

Distribution of Mentally Handicapped

	FEMALES		MALES		TOTAL
	Over 16 yrs.	Under 16 yrs.	Over 16 yrs.	Under 16 yrs.	
Cases on Register at 1st December, 1970	118	16	134	35	303
No. attending Training Centre	27	14	33	28	102
No. resident in Hostels	-	1	-	1	2
No. working or assisting in the home	81	-	96	-	177
No. refused Training Centre place	10	1	5	-	16
During the year 11 sub-normal cases were admitted for short-stay care.					

Training Facilities for Mentally Sub-Normal Patients

Training facilities continued at the Wombwell Comprehensive Training Centre at Wombwell. The essential basic training in the Junior Wing continued under Mrs. E. Large, the Centre Supervisor, and the policy of taking children under the age of five years continued to be successful. Contract work continued for County Supplies Department in the Adult Wing and during the year a gradual expansion of work and variety of jobs occurred.

The Special Care Unit situated in the grounds of the Centre continued to provide facilities to cater for up to twelve severely handicapped patients who are unable to attend the Training Centre. The Parent-Teachers' Association continued to do valuable work. Fund raising activities were successful and social events, outings and games were organised. The members of the Association are to be congratulated for the help they gave in making the social events such a success. Various gifts which were given to the Association by voluntary bodies during the year were very much appreciated.

B. Psychiatric Service

Throughout the year good liaison was maintained between the Mental Welfare Officers, the general practitioners in the Division and the Hospital Psychiatric Out-Patient Department.

The Psychiatric Department of the new Barnsley District General Hospital opened in October, 1970, providing both in-patient and out-patient facilities for psychiatric cases.

